

**ASSEMBLY BILL**

**No. 2301**

**Introduced by Assembly Member Maze**

February 19, 2004

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An act to amend Section 16915 of the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 2301, as introduced, Maze. Health care for indigents: reports.

Existing law, the County Health Care for Indigents program, allocates funds appropriated for allocation to counties for health care services, and requires a county receiving an allocation pursuant to that program to, at a minimum, report to the State Department of Health Services all indigent health care program demographic, expenditure, and utilization data, in a manner that will provide an unduplicated count of users.

Existing law also requires the counties to report demographic, cost, and utilization data to the department in a quarterly report, an estimated annual report, and an annual report.

This bill would eliminate the requirement for the quarterly reports and the estimated annual reports.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 16915 of the Welfare and Institutions
- 2 Code is amended to read:

- 1 16915. (a) Any county receiving an allocation pursuant to  
2 this part shall, at a minimum, report to the department all indigent  
3 health care program demographic, expenditure, and utilization  
4 data, in a manner that will provide an unduplicated count of users,  
5 as follows:
- 6 (1) The following patient demographic data:
- 7 (A) Age.
- 8 (B) Sex.
- 9 (C) Ethnicity.
- 10 (D) Family size.
- 11 (E) Monthly income.
- 12 (F) Source of income, according to the following categories:
- 13 (i) Disability income.
- 14 (ii) Employment.
- 15 (iii) Retirement.
- 16 (iv) General assistance.
- 17 (v) Other.
- 18 (G) Type of employment, according to the following  
19 categories:
- 20 (i) Agriculture.
- 21 (ii) Labor and production.
- 22 (iii) Professional and technical.
- 23 (iv) Service.
- 24 (v) Nonemployed.
- 25 (H) Payer source, according to the following categories:
- 26 (i) Private insurance.
- 27 (ii) County program.
- 28 (iii) Self-pay.
- 29 (iv) Other.
- 30 (I) ZIP ~~code~~ *Code* of residence.
- 31 (2) Indigent health care expenditure data, including all of the  
32 following:
- 33 (A) Inpatient hospital services, according to the following  
34 categories:
- 35 (i) County hospital.
- 36 (ii) Contract hospital.
- 37 (iii) University teaching hospital.
- 38 (iv) Other, noncontract hospital.



- 1 (v) Diagnostic category, as defined by the International
- 2 Classification of Diseases, 9th Revision, Clinical Modification
- 3 (ICD-9-CM).
- 4 (B) Outpatient services, according to the following categories:
- 5 (i) Hospital outpatient.
- 6 (ii) Freestanding community clinic.
- 7 (iii) Primary care physician.
- 8 (iv) Nonemergency services rendered in an emergency room
- 9 environment.
- 10 (v) Type of service.
- 11 (C) Emergency room services, according to the following
- 12 categories:
- 13 (i) Emergency services.
- 14 (ii) Emergency services which result in a hospital admission.
- 15 (iii) Emergency services, which are rendered in a noncounty,
- 16 noncontract hospital and result in a transfer of the patient to a
- 17 county or contract hospital.
- 18 (3) Indigent health care utilization data.
- 19 (A) Inpatient hospital services, according to the following
- 20 categories:
- 21 (i) County hospital days and discharges.
- 22 (ii) Contract hospital days and discharges.
- 23 (iii) University teaching hospital days and discharges.
- 24 (iv) Other, noncontract hospital days and discharges.
- 25 (B) Outpatient services, according to the following categories:
- 26 (i) Hospital outpatient visits.
- 27 (ii) Freestanding community clinic visits.
- 28 (iii) Primary care physician visits.
- 29 (iv) Visits to a hospital emergency room for nonemergency
- 30 services.
- 31 (C) Emergency room services, according to the following
- 32 categories:
- 33 (i) Visits for emergency services in a county hospital.
- 34 (ii) Visits for emergency services in a contract hospital.
- 35 (iii) Visits for emergency services in a noncounty, noncontract
- 36 hospital.
- 37 (iv) Visits for emergency services which result in an admission
- 38 in a county hospital.
- 39 (v) Visits for emergency services which result in an admission
- 40 to a contract hospital.

- 1 (vi) Visits for emergency services which result in an admission  
2 to a noncounty, noncontract hospital.
- 3 (D) Visits for emergency services which are rendered in a  
4 noncounty, noncontract hospital and result in a transfer of the  
5 patient to a county or contract hospital.
- 6 (4) Geographic location of rendered services.
- 7 (A) Inpatient hospital services, according to the following  
8 categories:
- 9 (i) County hospital.  
10 (ii) Contract hospital.  
11 (iii) University teaching hospital.  
12 (iv) Other, noncontract hospital.
- 13 (B) Outpatient services, according to the following categories:  
14 (i) Hospital outpatient.  
15 (ii) Freestanding community clinic.  
16 (iii) Primary care physician.  
17 (iv) Nonemergency services rendered in an emergency room  
18 environment.
- 19 (C) Emergency room services.
- 20 (5) Expenditure and utilization data for persons with acquired  
21 immune deficiency syndrome (AIDS) and AIDS-related complex.
- 22 (A) Total number of patients.  
23 (B) Number of inpatient users.  
24 (C) Number of discharges.  
25 (D) Total inpatient days.  
26 (E) Total inpatient expenditures.  
27 (F) Number of outpatient users.  
28 (G) Number of outpatient visits.  
29 (H) Total outpatient expenditures.  
30 (I) Number of emergency room users.  
31 (J) Number of emergency room visits.  
32 (K) Total emergency room expenditures.
- 33 (b) Counties shall report demographic, cost and utilization data  
34 on indigent health care to the department as follows:
- 35 ~~(1) A quarterly report no later than 90 days after the last day of~~  
36 ~~the quarter to be reported.~~
- 37 ~~(2) An estimated annual report no later than 180 days after the~~  
38 ~~last day of the year to be reported.~~
- 39 ~~(3) An actual annual report no later than 360 days after the last~~  
40 ~~day of the year to be reported.~~



~~(4)–~~

(2) Counties shall maintain all patient-specific data collected through the medically indigent care reporting system for a period of 24 months after the last day of the fiscal year for which the data was collected.

~~(5)–~~

(3) Reports shall be submitted on machine readable media, on 5<sup>1</sup>/<sub>4</sub> inch or 3<sup>1</sup>/<sub>2</sub> inch diskette, in the format specified by the department.

(c) Counties which enter into a contract with the department pursuant to Section 16809 and which do not operate a county hospital and which also elect to enter into a contract with the department to administer the noncounty hospital portion of the Hospital Services Account, pursuant to Section 16934.7, and the Physician Services Account, pursuant to ~~Section 16954~~, *subdivision (c) of Section 16952* are not required to report indigent health care program demographic, cost, and utilization data pursuant to this section.

(d) The department shall collect the data specified in subdivision (a) for services paid for through the hospital contract-back and physician services contract-back programs specified in Section 16934.7; *and* subdivision (c) of Section 16952, ~~and Section 16954~~.

(e) The data specified in subparagraphs (D), (E), (F), and (G) of paragraph (1) of subdivision (a) for services paid for with funds specified under subparagraph (A) of paragraph (1) of subdivision (b) of Section 16946 and funds administered pursuant to Article 3.5 (commencing with Section 16951) of Chapter 5 are not required to be reported to the department pursuant to this section.